



CALENDAR YEAR 2007

**MARINE SAFETY PROGRAM
GRANT APPLICATION
(ESTIMATE OF AUTHORIZED EXPENDITURES)**

This information is required under the authority of Part 801 Marine Safety, 1994 PA 451, as amended.

Grant Applicant (Law Enforcement Agency)	Submittal Date
Contact Person	Telephone
Number and Street or Rural Route	Fax
City State ZIP Code	E-mail
Number of law enforcement personnel working in the Marine Safety program _____ Full Time _____ Part Time	

1) DETAIL OF LAW ENFORCEMENT WAGES and BENEFITS

- A = Average hourly wage of officers working in the county Marine Safety program.
B = Fringe benefit dollar amount (multiply the fringe percentage rate by the hourly wage to obtain the fringe benefit dollar amount).
C = Estimated hours of Marine Safety law enforcement and related activities (see instruction sheet).
D = Total estimate of salaries, wages and fringe benefits for county Marine Safety program.

(A _____ + B _____) x C _____ = SUBTOTAL \$ _____

2) DETAIL OF CSS&M (CONTRACTUAL SERVICES, SUPPLIES & MATERIALS)

<u>ITEM</u>	<u>DETAIL</u>	<u>LOCAL ESTIMATE OF EXPENDITURES</u>
PATROL VEHICLE USAGE (see instruction sheet):		
Mileage rate \$ _____	x No. of miles _____	x No. of vehicles _____ = \$ _____
OR (Lease amount/month \$ _____	x No. of months _____)	+ = \$ _____
(Fuel and oil/vehicle \$ _____	x No. of vehicles _____)	= \$ _____
OR Fuel and oil \$ _____	+ maintenance \$ _____	x No. of vehicles _____ = \$ _____
PATROL BOAT USAGE		
Fuel and oil \$ _____	+ maintenance \$ _____	x No. of vessels _____ = \$ _____
PERSONAL SUPPLIES TO BE PURCHASED (see instruction sheet)		
TYPE OF SUPPLIES _____	Cost per unit \$ _____	x No. of units _____ = \$ _____
_____	Cost per unit \$ _____	x No. of units _____ = \$ _____
_____	Cost per unit \$ _____	x No. of units _____ = \$ _____
OTHER ITEMS (please specify) _____		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
SUBTOTAL		\$ _____

3) DETAIL OF EQUIPMENT TO BE PURCHASED (see instruction sheet):

<u>ITEM</u>	<u>DETAIL</u>	<u>LOCAL ESTIMATE OF EXPENDITURES</u>
PATROL BOAT		
Make and model _____	Cost per unit \$ _____ x No. of units _____	= \$ _____
TRAILER		
Type of trailer _____	Cost per unit \$ _____ x No. of units _____	= \$ _____
COMMUNICATIONS RADIO (for patrol boats only)		
Type of radio _____	Cost per unit \$ _____ x No. of units _____	= \$ _____
OTHER ELECTRONIC EQUIPMENT		
Type of equipment _____	Cost per unit \$ _____ x No. of units _____	= \$ _____
_____	Cost per unit \$ _____ x No. of units _____	= \$ _____
OTHER EQUIPMENT (please specify):		
_____		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
SUBTOTAL		\$ _____

SUMMARY OF LOCAL ESTIMATE OF EXPENDITURES		
Item	Estimate of Expenditures	State Allocation FOR DNR USE ONLY
Wages and Benefits Subtotal	\$	\$
CSS&M Subtotal	\$	\$
Equipment Subtotal	\$	\$
TOTAL	\$	\$

CERTIFICATION

I hereby certify that the county board of commissioners has appropriated the sum indicated in this grant application for the Marine Safety program and that the treasurer has been authorized and instructed to establish a restricted Marine Safety account and to deposit therein all sums appropriated to be used solely for wages and benefits, contractual services, supplies and materials, and equipment costs for the grant period indicated.

Signature for County

Title

Printed Name of Signatory

Date

SEND COMPLETED APPLICATION TO:

**MARINE SAFETY GRANT PROGRAM
GRANTS MANAGEMENT
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30425
LANSING MI 48909-7925**